

PATENT NUMBER

U.S. UTILITY Patent Application

O.P.E. HT PATENT DATE _____
 SCANNED GN O.A. SH

APPLICATION NO.	CONT# PRIOR	CLASS	SUBCLASS	ART UNIT	EXAMINER
09/500904	D	424		1642/1648	Foley

LICANTS John Harley
Judith James
Kenneth Kaufman

Diagnostic therapy of Epstein-Barr virus in autoimmune disorders

PTO-2040
12/89[illegible]

<input type="checkbox"/> TERMINAL DISCLAIMER	DRAWINGS		CLAIMS ALLOWED	
	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed. <input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S. Patent. No. _____ <input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of this patent have been disclaimed.	_____ (Assistant Examiner) (Date)		NOTICE OF ALLOWANCE MAILED	
	_____ (Primary Examiner) (Date)		ISSUE FEE	
			Amount Due	Date Paid
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